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CONFIRMATION NO. 2291

<b>SERIAL NUMBER</b> 10/509,603	<b>FILING OR 371(c) DATE</b> 09/27/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1708-21
<b>APPLICANTS</b> Iden Mossanen-Shams, Uxbridge, GBN, UNITED KINGDOM; Mir Mahmood Madani, Rossmoor, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/01377 03/28/2003 which claims benefit of 60/368,560 04/01/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>Skennedy</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GBN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Thomas M Galgano Galgano & Burke Suite 135 300 Rabro Drive Hauppauge ,NY 11788				
<b>TITLE</b> Multiport infusion device				
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	